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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/579,872	05/26/2000	Jeffrey Steven Albrecht	00JSA001	9690
27123	7590	09/10/2004	EXAMINER	
MORGAN & FINNEGAN, L.L.P. 3 WORLD FINANCIAL CENTER NEW YORK, NY 10281-2101			KOPPIKAR, VIVEK D	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 09/10/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

# Office Action Summary

Application No.

09/579,872

Applicant(s)

ALBRECHT, JEFFREY STEVEN

Examiner

Vivek D Koppikar

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

## Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

## Status

- 1) ☒ Responsive to communication(s) filed on 04 May 2004.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

## Disposition of Claims

- 4) ☒ Claim(s) 21-43 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 21-43 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

## Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 5/26/2000 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

## Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
  - ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

## Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)  
Paper No(s)/Mail Date \_\_\_\_\_.
- 4) ☐ Interview Summary (PTO-413)  
Paper No(s)/Mail Date. \_\_\_\_\_.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: \_\_\_\_\_.

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## **DETAILED ACTION**

### ***Status of Application***

1. This communication is in response to the request for continued examination (RCE) filed on May 4, 2004. Claims 21-43 are pending in this application and have been examined. Also, the applicants and the counsel for the applicants are urged to note that the examiner of record has changed and it is now Vivek Koppikar.

### ***Continued Examination Under 37 CFR 1.114***

2. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on May 4, 2004 has been entered.

### ***Claim Rejections - 35 USC § 103***

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Amended Claim 21; and Claims 22-25, 28, 31 and 40 are rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Number 6,161,095 to Brown in view of US Patent Number 6,175,779 to Barrett.

Brown is directed towards a treatment regimen compliance and efficacy with feedback system. Barrett is directed towards a portable healthcare system.

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As per amended claim 21, Brown teaches a medical management system comprising:

a personal communication device programmed to allow a patient to generate a record indicating a patient initiated decision to self administer a medical treatment (Brown; col. 5, lines 3-34; it is respectfully submitted that the decision to perform the “act” suggested in Brown is “initiated” by the patient);

a database (Brown; col. 6, lines 48-57);

a network coupling the personal communication device and the database to allow information to pass between the personal communication device and the database (Brown; col. 3, line 63-col. 4, line 6);

wherein, the record generated includes a time the medical treatment was administered and additional information about the medical treatment administered (Brown; col. 5, lines 24-40);

wherein, the personal communication device sends the record to the database over the network (Brown; col. 3, line 63-col. 4, line 6 and col. 5, lines 48-57); and wherein the record is added to the database (Brown; col. 5, lines 48-57).

Brown fails to teach or suggest a feature wherein a patient can generate a record of the their unforeseen administration of a medical treatment. However this feature is known in the art as evidenced by Barrett. Barrett teaches a means within a portable health care system which enables a user to generate a record of a emergency (unforeseen) administration of a medical treatment (Col. 4, Ln. 49-63).

At the time the invention was made, one of ordinary skill in the art would have been motivated to modify the portable device (112) in Brown and the emergency medical

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recording feature as taught in Barrett in order to provide the user of the system of Brown with a means of recording emergency events in which medication is administered. In Barrett, this emergency recording takes place by the nurse, however, the examiner takes the position that in the combined system of Brown in view of Barrett the emergency recording feature is operable by the patient since this feature is included within the portable device (112) taught by Brown and this device is operated by the patient.

As per claim 22, Brown teaches wherein a part of the record is interactively generated by input from the patient and a part of the record is automatically generated by the personal communication device (Brown; col. 5, lines 24-40).

As per claim 23, Brown teaches wherein the database is processed to initiate an automatic medication reorder (Brown; col. 3, lines 3-6 and col. 4, line 43-col. 5, line 14).

As per claims 24 and 25, Brown teaches one or more communications devices coupled to the network and programmed to allow healthcare providers and pharmacists to access the database and to communicate with patients (Brown; col. 3, line 63-col. 4, line 34 and col. 7, line 63-col. 8, line 19).

As per claim 28, Brown teaches wherein the database contains patient education material accessible to the patient (Brown; col. 4, lines 46-48 and col. 4, line 57-col. 5, line 23; the examiner interprets “treatment regimen” information as a form of “education material”).

As per claim 31, Brown teaches wherein the database is used to perform tracking and trending of medication administered by the patient (Brown; col. 2, line 66-col. 3, line 3 and col. 6, lines 8-14); the examiner interprets “data collection of facts regarding patient compliance, symptomology, possible drug interactions or side effects of

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medication, and other facts relevant to evaluation and possible modification of the treatment regimen” as forms of “medication tracking” and interprets “information regarding the entire course of the treatment regimen, such as each updated regimen and its effectiveness...” as forms of “medication or trending.”)

As per claim 40, Brown teaches a medical management system comprising:  
a communication device programmed to allow a patient to generate a record indicating a patient’s self administration of a treatment in response to an unforeseen event (Brown; col. 5, lines 3-34; the Examiner interprets the “reminder message” as a form of “unforeseen event”);

a database (Brown; col. 6, lines 48-57);

a network coupling the personal communication device and the database to allow information to pass between the communication device and the database (Brown; col. 3, line 63-col. 4, line 6);

wherein, the record generated includes a time the medical treatment was administered and additional information about the treatment (Brown; col. 5, lines 24-40);

wherein, the personal communication device sends the record to the database over the network (Brown; col. 3, line 63-col. 4, line 6 and col. 5, lines 48-57); and

wherein the record is added to the database (Brown; col. 5, lines 48-57).

Brown fails to teach or suggest a feature wherein a patient can generate a record of the their unforeseen administration of a medical treatment. However this feature is known in the art as evidenced by Barrett. Barrett teaches a means within a portable health care system which enables a user to generate a record of a patient’s unforeseen self-administration of a medical treatment (Col. 4, Ln. 49-63).

At the time the invention was made, one of ordinary skill in the art would have been motivated to modify the portable device (112) in Brown and the emergency medical recordation feature as taught in Barrett in order to provide the user of the system of Brown with a means of recording emergency events in which medication is administered. In Barrett, this emergency recordation takes place by the nurse, however, the examiner takes the position that in the combined system of Brown in view of Barrett the emergency recordation feature is operable by the patient since this feature is included within the portable device (112) taught by Brown and this device is operated by the patient.

5. Claim 26 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett as applied to claim 21 above and further in view of US Patent Number 5,301, 105 to Cummings, Jr.

As per claim 26, Brown and Barrett fail to expressly teach one or more communications devices coupled to the network and programmed to allow insurance providers to access the database and to communicate with patients. However, this feature is old and well known in the art, as evidenced by Cummings, Jr's teachings with regards to one or more communications devices coupled to the network and programmed to allow insurance providers to access the database and to communicate with patients (Cummings, Jr; abstract and figure 1). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Cummings Jr's teaching with regards to these limitations, with the motivation of providing patients with predetermined financial support (Cummings, Jr; abstract).

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6. Claim 27 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett as applied to claim 21 above and further in view of Goetz et al. (6,421,650).

As per claim 27, Brown and Barrett fail to expressly teach wherein the patient receives warning messages through the personal communication device indicating that the patient possesses tainted medication. However, this feature is old and well known in the art, as evidenced by Goetz's teachings with regards to this limitation (Goetz; abstract). In particular Goetz teaches determining potential medical interactions with currently prescribed medications (reads on "tainted medication") and alerting the patient to potential interactions between medications and/or provide caution information to the patient for administration of the medication (reads on "patient receives warning messages indicating that the patient possesses tainted medication.") It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Goetz's teaching with regards to this limitation, with the motivation of providing proper information to the patient to get maximum benefit from their medications, tracking medication consumption, and facilitating transfer of critical data for optimal care of the patient (Goetz; col. 2, lines 58-63).

7. Claim 29 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett as applied to claim 21 above and further in view of Halvorson (4,847,764).

As per claim 29, Brown and Barrett fail to expressly teach the wherein the database contains a product catalog. However, this feature is old and well known in the



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art, as evidenced by Halvorson's teachings with regards to a database that includes a product catalog (Halvorson; col. 36, lines 60-66). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Halvorson's teaching with regards to this limitation, with the motivation of performing inventory control (Halvorson; abstract).

8. Claim 30 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett as applied to claim 21 above and further in view of Campbell (Campbell, Sandy, "Accordant meets the challenges that rare chronic diseases pose for managed care," Health Care Strategic Management, August 1996).

As per claim 30, the combined system Brown and Barrett teaches that the patient treatment regimen and protocol are stored in a database (Brown; col. 4, lines 43-48), but fails to expressly teach the database is tailored to the disease hemophilia. However, this feature is old and well known in the art, as evidenced by Campbell's teachings with regards to a database consisting of protocols and algorithms for treatments for diseases including hemophilia (Campbell; abstract). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Campbell's teaching with regards to this limitation, with the motivation of providing treatment regimens and protocols for patients suffering from hemophilia, thereby meeting disease management objectives (Campbell; abstract).

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9. Amended Claim 32 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett, in further in view of Goetz et al. (6,421,650) and further in view of Sloane (5,619,991).

As per claim amended 32, Brown teaches a personal interactive medication logging

apparatus comprising:

a processor (Brown; col. 4, lines 35-42);

a memory (Brown; col. 4, lines 35-42);

a communications interface (Brown; col. 4, lines 52-57);

a user interface to receive input from a patient and present information to the patient (Brown; col. 4, lines 35-42);

software stored in the memory and executable on the processor for performing functions comprising:

generating a record in response to patient input received from the user interface, wherein the record indicates a patient initiated decision to self administer a medical treatment (Brown; col. 5, lines 24-40; it is respectfully submitted that the decision to perform the “act” suggested in Brown is “initiated” by the patient) and the time the medical treatment was administered (Brown; col. 5, lines 24-40) and using the communications interface to transmit the record to a central database, outside the personal interactive medication logging apparatus (Brown; col. 5, lines 48-57); and

using the communications interface to receive messages from medical professionals (Brown; col. 3, line 63-col. 4, line 51).

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Brown fails to teach or suggest a feature wherein a patient can generate a record of the their unforeseen administration of a medical treatment. However this feature is known in the art as evidenced by Barrett. Barrett teaches a means within a portable health care system which enables a user to generate a record of a patient's unforeseen self-administration of a medical treatment (Col. 4, Ln. 49-63).

At the time the invention was made, one of ordinary skill in the art would have been motivated to modify the portable device (112) in Brown and the emergency medical recordation feature as taught in Barrett in order to provide the user of the system of Brown with a means of recording emergency events in which medication is administered. In Barrett, this emergency recordation takes place by the nurse, however, the examiner takes the position that in the combined system of Brown in view of Barrett the emergency recordation feature is operable by the patient since this feature is included within the portable device (112) taught by Brown and this device is operated by the patient.

Brown and Barrett fail to expressly teach using the communications interface to receive messages from the central database comprising warnings. However, this feature is old and well known in the art, as evidenced by Goetz's teachings with regards to this limitation (Goetz; abstract). In particular Goetz teaches alerting the patient to potential interactions between medications and/or provide caution information to the patient for administration of the medication (reads on "messages from the central database comprising warnings"). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the system taught by Brown with Goetz's teaching with regards to this limitation, with the motivation of providing proper information to the patient to get maximum benefit from

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their medications, tracking medication consumption, and facilitating transfer of critical data for optimal care of the patient (Goetz; col. 2, lines 58-63).

The combined system of Brown, Barrett and Goetz collectively teach the record including additional information relevant to monitoring and evaluating the treatment regimen (Brown; col. 5, lines 24-40) but collectively fail to expressly teach wherein the record indicates the patient's symptoms that preceded the medical treatment. However, this feature is old and well known in the art, as evidenced by Sloane's teachings with regards to wherein the record indicates the patient's symptoms that preceded the medical treatment (Sloane; abstract and col. 4, lines 3-9 and col. 4, line 59-col. 5, line 34). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown, Barrett and Goetz with Sloane's teaching with regards to this limitation, with the motivation of diagnosing the patient's disease or illness (Sloane; col. 1, lines 40-46).

10. Amended Claims 36 and Claim 39 is rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett and in further view of Sloane.

As per amended claim 36, Brown teaches a personal interactive medication logging apparatus comprising:

- a processor (Brown; col. 4, lines 35-42);

- a memory (Brown; col. 4, lines 35-42);

- a communications interface (Brown; col. 4, lines 52-57);

- software stored in the memory and executable on the processor for performing functions comprising:

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using the communications interface to receive a medical treatment record indicating a patient initiated decision to self administer a medical treatment, the medical treatment record comprising patient identification information, a type of treatment performed, and a time the treatment was performed (Brown; col. 5, lines 24-57; it is respectfully submitted that the decision to perform the “act” suggested in Brown is “initiated” by the patient);

storing a plurality of received medical treatment records (Brown; col. 5, lines 48-57);

examining the stored medical treatment records to initiate a medication reorder for patients whose supply is running low (Brown; col. 3, lines 3-6 and col. 4, line 43-col. 5, line 14)

Brown fails to teach or suggest a feature wherein a patient can generate a record of the their unforeseen administration of a medical treatment. However this feature is known in the art as evidenced by Barrett. Barrett teaches a means within a portable health care system which enables a user to generate a record of a patient’s unforeseen self-administration of a medical treatment (Col. 4, Ln. 49-63).

At the time the invention was made, one of ordinary skill in the art would have been motivated to modify the portable device (112) in Brown and the emergency medical recordation feature as taught in Barrett in order to provide the user of the system of Brown with a means of recording emergency events in which medication is administered. In Barrett, this emergency recordation takes place by the nurse, however, the examiner takes the position that in the combined system of Brown in view of Barrett the emergency

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recording feature is operable by the patient since this feature is included within the portable device (112) taught by Brown and this device is operated by the patient.

The combined system of Brown and Barrett teaches the record including additional information relevant to monitoring and evaluating the treatment regimen (Brown; col. 5, lines 24-40) but collectively fails to expressly teach wherein the record indicates the patient's symptoms that necessitated treatment. However, this feature is old and well known in the art, as evidenced by Sloane's teachings with regards to wherein the record indicates the patient's symptoms that necessitated treatment (Sloane; abstract and col. 4, lines 3-9 and col. 4, line 59-col. 5, line 34). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown with Sloane's teaching with regards to this limitation, with the motivation of diagnosing the patient's disease or illness (Sloane; col. 1, lines 40-46).

As per claim 39, the combined system of Brown and Barrett teaches wherein the medical treatment record further comprises an a response to treatment (Brown; col. 7, line 38-col. 8, line 3) but fails to expressly teach wherein the medical treatment record further comprises an experience that triggered symptoms. However, this feature is old and well known in the art, as evidenced by Sloane's teachings with regards to wherein the record indicates the patient's symptoms that necessitated treatment (Sloane; abstract and col. 4, lines 3-9 and col. 4, line 59-col. 5, line 34). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown with Sloane's teaching with

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regards to this limitation, with the motivation of diagnosing the patient's disease or illness (Sloane; col. 1, lines 40-46).

11. Claims 37 and 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown in view of Barrett and in further view Sloane (5,619,991) as applied to claim 36 above and in further in view of Goetz et al. (6,421,650).

Claims 37 and 38 repeat the features of claims 27 and 31, respectively, and are therefore rejected for the same reasons given above in the rejection of claims 27 and 31 and incorporated herein.

12. Claims 33-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown, Barrett, Goetz et al. and Sloane as applied to claim 32 above and further in view of Glynn (5,774,865).

As per claim 33, the combined system of Brown, Barrett, Goetz, and Sloan collectively fail to expressly teach a bar code reader and wherein the software is further capable of accepting input from the patient via the user interface to activate the barcode reader and use the information retrieved from the barcode reader to add information to the record comprising the identity of a medication being taken by the patient as part of the medical treatment. However, this feature is old and well known in the art, as evidenced by Glynn's teachings with regards to a bar code reader and wherein the software is further capable of accepting input from the patient via the user interface to activate the barcode reader and use the information retrieved from the barcode reader to add information to the record comprising the identity of a medication being taken by the patient as part of the medical treatment (Glynn; abstract and col. 4, lines 32-56). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in

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the art at the time the invention was made, to expand the collective system taught by Brown, Goetz, and Sloane with Glynn's teaching with regards to this limitation, with the motivation of monitoring patient compliance (Glynn; abstract).

As per claim 34, the combined system of Brown, Barrett, Goetz, and Sloan collectively fail to expressly teach wherein the software is further capable of automatically generating part of the record, and presenting the record to the patient for review prior to the record's transmission to the database. However, this feature is old and well known in the art, as evidenced by Glynn's teachings with regards to wherein the software is further capable of automatically generating part of the record, and presenting the record to the patient for review prior to the record's transmission to the database (Glynn; abstract and col. 4, lines 32-56). It is respectfully submitted, that it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to expand the collective system taught by Brown, Goetz, and Sloane with Glynn's teaching with regards to this limitation, with the motivation of monitoring patient compliance (Glynn; abstract).

As per claim 35, Brown teaches wherein the software is further capable of retrieving patient education material from the database via the communications interface (Brown; col. 4, lines 46-48 and col. 4, line 57-col. 5, line 23; the examiner interprets "treatment regimen" information as a form of "education material").

13. Claims 41-43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Brown and Barrett as applied to claim 40 above and further in view of official notice.

As per claims 41-43, Brown fails to expressly teach wherein the unforeseen event is an accident, a medical symptom, or a physical reaction.. However, the Examiner takes



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Official Notice (see MPEP § 2144.03) that the accidents, medical symptoms, and physical reactions as "unforeseen events" in the medical environment were well known in the art at the time the invention was made. The Applicant is entitled to traverse any/all official notice taken in this action according to MPEP § 2144.03. However, MPEP § 2144.03 further states "See also *In re Boon*, 439 F.2d 724, 169 USPQ 231 (CCPA 1971) (a challenge to the taking of judicial notice must contain adequate information or argument to create on its face a reasonable doubt regarding the circumstances justifying the judicial notice)." Specifically, *In re Boon*, 169 USPQ 231, 234 states "as we held in *Ahlert*, an applicant must be given the opportunity to challenge either the correctness of the fact asserted or the notoriety or repute of the reference cited in support of the assertion. We did not mean to imply by this statement that a bald challenge, with nothing more, would be all that was needed". Further note that 37 CFR § 1.671(c)(3) states "Judicial notice means official notice". Thus, a traversal by the Applicant that is merely "a bald challenge, with nothing more" will be given very little weight.

Thus, it is respectfully submitted, that since different treatment regimens are involved in the treatment of patients after an unforeseen event, such as accidents, medical symptoms, and physical trauma, it would have been obvious, to one having ordinary skill in the art at the time the invention was made, to record the self-administration of a treatment by a patient as taught by Brown in response to well-known unforeseen events, such as accidents, medical symptoms, and physical trauma, with the motivation enabling the monitoring the effectiveness or side effects of diverse treatment regimens (Brown; col. 2, lines 38-39).

***Response to Arguments***

14. The 35 USC 112 rejection set forth in the Office Action dated February 3, 2004 has been overcome by the amendment filed on May 4, 2004. This rejection has therefore been withdrawn.

15. Applicant's arguments with respect to claims 21-43 have been considered but are moot in view of the new ground of rejection. The examiner believes that the newly added reference (Barrett) teaches the newly added feature present in the amended claims 21, 32, 36, and 40. Barrett teaches an electronic means allowing a user to generate a record of an administration of a medical treatment in response to an unforeseen medical condition.

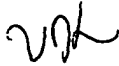
***Conclusion***

16. Any inquiry concerning this communication or earlier communications from the examiner should be directed to **Vivek Koppikar** whose telephone number is **(703) 305-5356**. The examiner can normally be reached on Monday-Friday from 8 AM to 5 PM, Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned are (703) 872-9306.

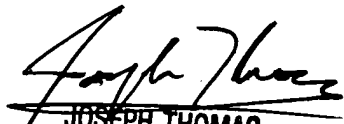
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17. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).



Vivek Koppikar

8/27/04

  
JOSEPH THOMAS  
SUPERVISORY PATENT EXAMINER  
TECHNOLOGY CENTER 3600